

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10/048054	Filing Date			
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1					51				
2	1					52				
3	2					53				
4	2					54				
5	1					55				
6	1					56				
7	1					57				
8	1					58				
9	1					59				
10	2					60				
11	2					61				
12	2					62				
13	2					63				
14	2					64				
15	1					65				
16	1					66				
17	2					67				
18	2					68				
19	1					69				
20	1					70				
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42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep	4					Total Indep				
Total Depend	25					Total Depend				
Total Claims	29					Total Claims				

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